

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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SOPHIE WELISCH,

Plaintiff

-against-

UNITED STATES OF AMERICA,

Defendant.

-----X

CERTIFICATE OF SERVICE
BY CERTIFIED MAIL

07-CV-6165

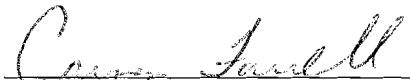
CARMEN FARRELL, being duly sworn, deposes and says:

1. She is over 18 years old and is not a party to this lawsuit.

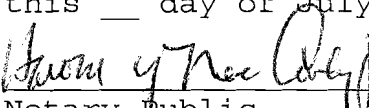
2. A copy of the Summons and Complaint in this action directed to the Postmaster General of the United States was deposited in the United States Post Office for mailing by certified mail, return receipt requested.

3. This copy of the Summons and Complaint was in fact received by the Postmaster General of the United States on July 9, 2007, as evidenced by the attached registry or return receipt.

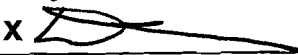
4. This service was made pursuant to Fed. R. Civ. P. 4(i)(1)(C).


Carmen Farrell

Sworn to before me
this ___ day of July, 2007


Notary Public

HAROLD Y. MAC CARTNEY JR.
NOTARY PUBLIC, State of New York
No. 44768720
Residing in Rockland County
Commission Expires Sept. 30, 2010

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Write your name and address on the reverse so we can return the card to you. Attach this card to the back of the mailpiece, with the front if space permits.</p>		<p>A. Signature X </p>	
<p>Addressed to: Master General Potter United States Postal Services 475 L'Enfant Plaza SW Washington DC 20260-0010</p>		<p><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
		<p>B. Received by (Printed Name) D. Potter</p>	<p>C. Date of Delivery 7/9/07</p>
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label) 7002 3150 0001 9353 3035</p>			